City of San Antonio Direct Deposit Form

Employee Name _____   SAP Employee ID _____

Personnel Area (Department)_____   Effective Date (must be first day of pay period)_____

Main Bank Information – This section MUST be completed if this is your initial request or a replacement for primary bank

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Bank Name and Location_____

Bank Key/Routing Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Bank Account Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ *****

Checking (01) ☐ or Savings (02) ☐

Is this SAN ANTOINIO CITY EMP FCU (314088572)? ☐

Other Bank Information – This section is optional if you wish to redirect a specified amount or percentage of your net check to an account other than your primary bank

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Bank Name and Location_____

Bank Key/Routing Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Bank Account Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ *****

Checking (01) ☐ or Savings (02) ☐

Is this SAN ANTOINIO CITY EMP FCU (314088572)? ☐

Amount Per Pay Period $_____ Or Deposit Percentage Per Pay Period _____%

Employee's Signature _____ Date _____

Information provided by: _____ Date _____

Entered and Authorized by _____ Logon_____ Date _____

*To help ensure accuracy please attach a VOIDED check for verification.

COSA- Direct Deposit form (0009)